VS. A15ME SM 2/57

240. REC'D BY REGISTRAR

Andre Road Andre Republicani de Carolina d 4 9 9 AND ALLE BERN AND AND AND ALLE DIES. and the same of th TO THE PERSON AND ADDRESS OF THE PERSON Call of party of the second control of the s

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001	CERTIFICA	TIE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Kent	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary	ere deceased lived. If institution b. COUNTY	Residence before admission) Kent
b. CITY OR TOWN (If outside corporate limits, write RUPA) and give negreta lown) Chester town	15 years	c. CITY OR TOWN (If or Chestertov	utside corporate limits, write RU	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Cross St.	address)	d. STREET ADDRESS Cross St	. /	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Ida M. Bar	rett Middle	Lost	4. DATE Month	1958 19
s. sex 6. COLOR OR RACE 7. MARRI Temale colored widowe		Dec //18, 7		IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life evan if retired) 10 OUS EWITE	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote of Virginia		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	unknown			Dont know
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or unknown] [If yes, give war or dates of service]	SOCIAL SECURITY NO. 17. IN		ett Cheste	ertown, Md.
Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse last. Conditions, if ony, which (b) (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONDITI	ONTRIBUTING TO DEATH BUT I	Z	NAI DISEASE CONDITION GIVE	N IN PART 1(a) 19 WAS AUTOPSY
200. ACCIDENT WAS UNDERLYING 20b. DESC	CRIBE HOW INJURY OCCURRED			PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
Hour o. m. While		CE OF INJURY (Hame, farm, lory, street, affice bldg., etc.)		(County) (State)
21. I certify that I attended the decease alive an May 3, 191 actual signature PHYSICIAN'S RAME (Type) Eugene Kent	S, and that death	occurred at 10 a		that I last saw the deceased and on the date stated above. DATE SIGNED May 7, 1958
220. Burial, Cremation, 226. Date thereof REMOVAL (Specify) May 1956	22c. NAME OF CEMETERY OR POMONA CE		22d. LOCATION (City, town, or Chestertown	
23. FUNERAL DIRECTOR'S SIGNATURE	Chestertow	n, Md. 240. REC'D		RAR'S SIGNATURE Lecuch

VS A15 (4) 15M 9/5S

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the first mark all the brown payed a				
.040 .1870474340	ally the said			
	tion in Low and The	No. 20 February		

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may be retained by the hazzial ar attending physician.

TO FUNERAL DIRECTOR: A this certificate has been signed 3 should be detached for use as the burial-transiti the registrar prior to burial, crematian, or remaval,

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5813 **CERTIFICATE OF DEATH** 05804

001	O		Reg. Dist. N	0.
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE	b. COUNTY	fore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate I	limits, write RURAL and give n	earest town)
CHESTE TOWN	1 25 WS	X CITES TER	Town (RUPA
d. NAME OF HOSPITAL (If not in hospital, give stree	dodress)	d. STREET ADDRESS RFD # 2		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED First PROPERTY (Type or print)	Middle	Lost 4. DATE OF DEATH	Month C	Ooy Year
M WIDOV	VED DIVORCED	MAR 27 1890 2	GE (In years of UNDER 1 YEAr Months Days yrs.	
10a. USUAL OCCUPATION (Give kind of work done 10th during most of working life, even if retired)		STRY 11. BIRTHPLACE (Stote or foreign country	12. CITIZEN	OF WHAT COUNTRY
STEAM-FITTER	Plumber	New York	k U	JA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
40HN RE	224	AUGUSTA	+ MOGE	2
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)	3. SOCIAL SECURITY NO. 17. 18 114-03-9638	HOSPITIAL	Address Citar	
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).]	A TOSIT.	10 10	TERVAL BETWEEN
Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.	Primary	site inkno	0 ()	
<u> </u>		NOT RELATED TO THE TERMINAL DISEASE COI		19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part 1 or Part 11 of	item 18.)	
Hour o. p. While	INJURY OCCURRED 20e. PL/ e Not while for prk of work	ACE OF INJURY (Home, form, 20f. (City or to tory, street, office bldg., etc.)	Own) (County	(Stote)
21. I certify that I attended the decear alive on 19 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		accurred at 12 12 ft, from the ADDRESS (Street, M.D.		saw the decease ate stated abov DATE SIGNE 5 - 4
220. BURIAL, CREMATION, 22b. DATE THEREOF 5/7/58	22c. NAME OF CEMETERY OF Chesterta	CREMATORY Chester	(City, town, or county) rtown, Md.	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Chestertown	24a. REC'D BY REGISTRAR DATE WAY 6 '58	245. REGISTRAR'S SIGNATU	

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The rest of the section of the secti

VS A15 (4) 15M 9/55

I	tem 18 Fil	m 229 5-2	3-58	ams CERTIFIC	CATE OF DEAT	rH		Reg. Dist.	0.5805
乍	PLACE OF DEATH a. COUNTY	Kent		MARYLAN	2. USUAL RESIDENCE (a. STATE aryla	Where deceased nd	lived. If institution b. COUNTY	Residence Kent	befare admission)
	b. CITY OR TOWN (If a RURAL and give near	outside carporate limi lest town CET LOWN	ts, write	c. LENGTH OF STAY IN 1	(Rural)	If outside corpor	77	n Md	e nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION ET	. (If not in hospital, g nt and Que	en An	ddress) Lifet nEs	Chester	town,	Md.		e. IS RESIDENCE ON A FARM? YES NO 2
	NAME OF DECEASED (Type or print)	Fid Margar		Middle izabeth	Butler	4. DATE OF DEATH	May	th	Day Year 5 19 58
	Female	Negro	WIDOWE		Dec 23, 1908		P. AGE (In years last by though yrs.	Manths Do	EAR IF UNDER 24 HRS. Dys Hours Min.
L	Housewill	(Give kind of work of life, even if retired	done 10b. K	home	DUSTRY 11. BIRTHPLACE (See Kent Co.	, Maryla			N OF WHAT COUNTRY
13.	Edward W	ilson			Fannie S		n		
15. (Ye	WAS DECEASED EVER I	N U. S. ARMED FOR yes, give wor or dates of t	ervice)	7-16-9956	Hospital rec	ords Cl	Addr nestertor		
	PART I. DEATH PART I. DEATH O 9 6 9 Conditions, if any, gove rise to imm cause (a), stating the	WAS CAUSED BY: MMEDIATE CAUSE (a DUE TO , which (b) nediate	Prol	onged unexpl	ained fever				interval between onset and death 4 hours
CERTIFICATION	lying couse last.) (c	DITIONS CO	ONTRIBUTING TO DEATH E	al infection UT NOT RELATED TO THE TER			en in part 10	PERFORMED?
MEDICAL	20c. TIME OF INJURY Haur o. ft. p. m.	Month, Day, Yea	While	JURY OCCURRED 20e. Not while at work	PLACE OF INJURY (Home, fa factory, street, affice bldg., a	etc.)	ar town)	(Cau	nty) (Stote)
	21. I certify that alive on 5-5- ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	I attended the	decease , 19_5	Ø.		ertown,	the causes a set, city or town, s	nd an the	date stated above DATE SIGNED 5-5-58
220	BURIAL, CREMATION,			22c, NAME OF CEMETERY BUTTE / TO			ON (City, town, a		(Stote) Md.
23.	FUNERAL DIRECTOR'S S	Sacloy	C	hester to	24a. RE	C'D BY REGISTR		TRAR'S SIGNA	ATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TE OF DEATH			Reg. D	ist. No	.000	,00
2. USUAL RESIDENCE (WHO O. STATE Maryla	ere decease	d lived. If institution b. COUNTY	Street,		re odmissi neen	
c. CITY OR TOWN (If o	utside corpo	orote limits, write RI	JRAL ond	give ne	arest town)
Chesterton	m (Ru	ral)	175	1 - 2		
d. STREET ADDRESS						DENCE FARM? NO X
Lost	4. DATE	Mont	th	Do	y Y	fear .
haires	OF DEATH	May 4			1	958
DATE OF BIRTH		9. AGE (In years lost birthday)		1 YEAR	IF UNDE	R 24 HRS.
April 19,188	37	71 yrs.	Months	Doys	Hours	Min.
RY 11. BIRTHPLACE (Stote		auntry)	12. CI	TIZEN C	F WHAT	COUNTRY
Mary	rland			Ţ	JSA	
14. MOTHER'S MAIDEN N						
Sarah Co	sden					
FORMANT		Addr	ess		-7 10	
ospi tal Reco	ords	Chester	rtown	, Mo	1.	
osis sclerosis & l	[man f f	'aiono-		PM	ERVAL BET	DEATH
					ral	
OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	(T 1(o) 1	9. WAS A PERFOR	NO A
(Enter noture of injury in P						
CE OF INJURY (Home, farm, pry, street, office bldg., etc.	20f. (City	or town)	(County)	T E	(State)
, 19.58_, ta5	5/4	1958	that I	last so	w the	decense
accurred at 5:401	M, fron		nd an t		te state	
.b. Chester	town,	Maryland	l	5/	4/58	
CREMATORY	Che	TION (City, town, o	r county)	Id.	(Stote)

05807

E:0 4	8	CERTIFICATE OF DEATI
581	6	CERTIFICATE OF DEATH

			181	CERTIF	ICA	TE OF DEATH	1		Reg. D	ist. No.		
	PLACE OF DEATH o. COUNTY	Kent		MARYL	AND	2. USUAL RESIDENCE (Who o. STATE Waryla	ere deceased	l lived. If institu b. COUNT	v	ent	re admissi	on)
	b. CITY OR TOWN (If outside carporate fimi earest tawn) PTOWN	ts, write	c. LENGTH OF STAY II	N lb	c. CITY OR TOWN (IF o	utside corpor		RURAL ond	give nec	rest town)
	d. NAME OF HOSPIT OR INSTITUTION 313 C8	TAL (If not in hospital, g	ive street (nddress)		d. STREET ADDRESS				72		DENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	Vincer		Middle	C	omegys	4. DATE OF DEATH	way 1:	onth 3,195	Do	,	rear
	male	6. COLOR OR RACE	7. MARR	DIVORCED		7 7 1886	_	9. AGE (In year lost birthday) 72 yrs	Months .	Days	1F UNDE Hours	R 24 HRS. Min.
1	Domestic	king life, even if retired		te home	INDUS	Marylar	nd	ountry)	12. C	US US		COUNTRY
,	Georg	ge Comegy				14. MOTHER'S MAIDEN N	IAME		Vous	er		243
15. (Ye	MAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of st	CES? 16.	SOCIAL SECURITY NO. 4-30-7943		mmie Comeg	ys C	hester 13 Can	töwn non		i.	
		mmediate ()(e for (a), (b), and (c).]	0 v	arterese	luc	new Y			Yed BE	
CERTIFICATION			DITIONS C	ONTRIBUTING TO DEAT	TH BUT I	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION G	IVEN IN PA	RT 1(o) 1	PERFO	AUTOPSY RMED? NO
	OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)				. (Enter nature of injury in f						
MEDICAL	Haur a. m.	Y Month, Day, Yea	While of work	_ Not while _	fact	CE OF INJURY fHome, form, lory, street, affice bldg., etc.	201. (City	or tawn)		County)		(State)
	actual SIGNATURE	homas J.	decease , 19.3 Solo	Se, and that of	death		ADDRESS (St		, state)		e state	
220	Burial, CREMATIC Burial Burial	May 18, 1	958	Pomona (en or			ion (city, town, Chester		, M	d. (State)

page 3 should be detached TO FUNERAL DIRECTOR: TO HOSPITAL OR VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Chestertown, Md.

Chestertown, Md. 240. REC'D BY REGISTRAR DATE HAY 1 6 '58

AB REGISTRAR'S SIGNATURE

RIANG TO STADER HED and cardination of MESTIGV s . A COMO INCIDENTAL CO THE PROPERTY OF THE PARTY OF TH HOLDE . MARKETON THE RESERVE THE SECOND The state of the s A CONTRACT TO A CONTRACT OF THE CONTRACT OF TH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5817 CERTIFICATE OF DEATH

()5808 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence o. STATE b. COUNTY	e before admission)
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and g	EN TINNE
RURAL and give nearest town)	10 - 1 Milling T 1 191	
CHESTERIOUN	HOW THE TITLE TOWN	~ 04
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
RENT TOUSEN HANE HOSPILAI		YES NO
3. NAME OF First Middle	Lost 4. DATE Month	Day Year
(Type or print) 17LBERT EDWIN	LIEEMER DEATH //AV	10 1958
5. SEX (6. COLOR OR RACE 7. MARRIED NEVER MARRIED	The state of the s	YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	AUG. 7 1918 High hirthday) Months	Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or foreign county) 12, CITI	ZEN OF WHAT COUNTRY
during most of working life, even if retired)	RITHUNGE (PD)/	47
13. FATHER'S NAME	14' MOTHER'S MAIDEN NAME	.0,17
Albert Desman	The state of the s	
MADERI WEENER	I FORENCE NING	
(Yes, go or unknown) (If yes, give war and des of service)	INFORMANT Address	- 11
VES. W.W. 1/ 199-12-1991 XVIS	3. LILA DEEMER, MILLING!	ON, MD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	in Day Caration	ONSET AND DEATH
1420. DUE TO	Tax 2 Pr. Janat at	1- Drivis
	A CELLULA	
Conditions, if ony, which (b)		
couse (a), stoting the under-		Later N. Kal
lying couse lost. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
5 Milmonary Emply	sence + ti prosix	YES NO D
200. ACCIDENT WAS UNDERLYING 206. DESCRIBE NOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH	D. (Enter noture of injury in Part I ar Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, 20f. (City or town)	ounty) (State)
Hour o. m. While Not while fo	actory, street, office bldg., etc.)	(*****)
p. m. 19 at work at work		
21. I certify that I attended the deceased from 3/4	, 1950, to 5/10, 1955, that I le	ast saw the deceased
alive on 5/10 1955, and that death	occurred at 6 A.M. from the causes and an th	e date stated above
	ADDRESS (Street, city or town, state)	DATE SIGNED
SIGNATURE Phomos Solow	un Chestastación	5/11/58
PHYSICIAN'S NAME (Type)		
220. BURIAL, CREMATION, 22b. DATE THEREOF 22s. NAME OF CEMETERY O	DE CREMATORY 224 LOCATION LCTA	(6)
REMOVAL (Specify)	OR CREMATORY 29. LOCATION (City, town, or county)	O. (Stote)
DURIAL 19/19/30 CRUMPION	CENTI CKUMPION, S.H.	Co. /1/D'
23 FUNERAL DIRECTOR'S SIGNATURE	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
DAWAKI TEKNIS, INIVINATOR	DATEMAY 1 5 '58 CLE COLU	la

VS A15 (4) 1SM 9/S5

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gined to	with the			i
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may	1 20	I	1	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 5809

1. PLACE OF DEATH	Kent) la <u>la</u>	MARYLAND	2. USUAL RESIDE	NCE (Where deceded any land	b. COUNT			sion)
b. CITY OR TOWN (IF ond give pagreet lown)	outside corporale limits, write RUR Hall	c. LENGTH OF	STAY IN 16		WN (If outside cor lock Hall		RURAL ond give r	nearest tow	(n)
d. NAME OF HOSPITA	AL OR INSTITUTION (If no	t in hospital, give street o	oddress)	d. STREET ADD	RESS			ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	William Fint	F . Midd		los Ling	4. DATE OF DEATH	Mont May	h Doy		58
5. SEX Male		DOWED DIVOR	CED 🔲	Sept.	1875	9. AGE (In years last-birthday) 2 yrs.	Months Doys	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION during most of working	ON (Give kind of work done of life, even if retired)	106, KIND OF BUSINES	S OR INDUST	Nary Mary	(State or fareign of	country)	12. CITIZEN C	USA.	COUNTRY?
13. FATHER'S NAME John	J. Esling			14. MOTHER'S MA		Marshal	1		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES Iff yes, give wor or dates of service	16. SOCIAL SECURITY		iformant ames Es]	inll	Address Overloo			
Conditions, if a gave rise to immed (o), stating the couse last.	diote cause outerlying DUE CC.	ceased had being nur less bed-r	sed b	y Mrs. . He di	Emma Sto ed at 1	evens. 0:00 P.	He had M. 5/1	3/58	more
PART II. OTH	IER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO	DEATH BUT N	IOT RELATED TO TH	E TERMINAL DISEAS	E CONDITION GI	VEN IN PART 1(a)	19. WAS A PERFO	NO A
PART II. OTH	USE WAS NTRIBUTING [] 206. D	ESCRIBE HOW INJURY C	CCURRED. (E	nter nature of injur	y in Port I ar Port I	of item 18.)			
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Year	20d. INJURY OCCURRE While Not while at work at work	focto	CE OF INJURY (Hor ary, street, affice bl	da., etc.)	y or town) CK H all	(County) Kent	Md	(Stote)
	nat I took charge of fram: Natural cau		_			nspectian X		, and f	ind that
ACTUAL SIGNATURE) Low 21	taun	9	_ M.D.	MEDICAL EXAMINER			DATE S	
	Robert W.	Farr, M. I).		EDICAL EXAMINER	XI			15/58
Burial	May 17	Cedar	EMETERY OR	CREMATORY			or county))
23. FUNERAL DIRECTOR	's SIGNATURE Cane	ADDRESS Church	Hill,	Ma	ATE	TRAR, 5 24b. REG	ISTRAR'S SIGNATU	RE	

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF BEALTH SALTINGORS IN

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	Control Medical Programme State State State (Million State S
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	SERVICE AND TRACTOR OF THE PARTY OF THE PART
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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5818 **CERTIFICATE OF DEATH**

Reg. Dist. NJ 5810

Hour o. m. p. m. 19 While of work at while of work at while of work at while of work at work		Kegi Disi	. 140.
Chestertown d. NAME OF MOSPITAL (If not in hospital, give street address) J. NAME OF MOSPIT	- COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATEMARYLAND b. COUNTY Kent	
2. NAME OF DECEASED PLANE 3. NAME OF DECEASED PLANE 5. SEX PETALE 6. COLOR OF RACE 7. MARRECK NEVER MARRIED 100. USUAL OCCUPATION (Give and of uncert does 100. KIND OF BUSINESS OR INDUSTRY) 110. USUAL OCCUPATION (Give and of uncert does 100. KIND OF BUSINESS OR INDUSTRY) 121. FATHER'S NAME 122. AUSEO OF DEATH (Enter only one course per liste for lot) (b) and (c) 123. FATHER'S NAME 124. MOTHER'S MAIDEN NAME 125. WAS DECEASED PER IN U. S. ARMED FORCES? 126. CAUSE OF DEATH (Enter only one course per liste for lot) (b) and (c) 127. THORMANI 128. PART I. DEATH WAS CAUSED BY. 129. DETO 120. DETO 120. ACCIDENT WAS UNDERSTRING 120. ACCIDENT WAS UNDERSTRING 121. I certify that I altered ded the deceased from 100 work 100 work			ve negrest fown)
DECEASED PRIOR DO SOLVE A. Frock (Type or prior) 5. SEX Female S. COLOR OR RACE White W	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION # 2 (At Home		ON A FARM?
Temale White WIDOWED DIVORCED Mar. 10,1890 OB WARD CLOSATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFULCE (Stole or foreign country) Baltimore, M.d. 12. CITIZEN OF WHAT COUNTE BUSINESS OR INDUSTRY 11. BIRTHFULCE (Stole or foreign country) Baltimore, M.d. 13. FATHER'S NAME NOAN C. Sprinkle 14. MOTHER'S MAIDEN NAME Laura Fouble 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT TO 21.5-07-674. Carroll F. Frock Chestertown, Md. 18. CAUSE OF DEATH (Enter only one course per like for (o). (b). and (c).] PART I. DEATH WAS CAUSED BY. WAS DEATH IN ONE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10. 19. WAS AUTORS (CONTRIBUTING TO CAUSE OF DEATH (IF ETHER LEARMINER) (IF	DECEASED		
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. 19. 1	100. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) **Retired**: 10b. KIND OF BUSINESS OR INDU during most of working life even if retired)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 215-07-674I Carroll F. Frock Chestertown, Md. 18. CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c). PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate course (o), stoling the under Lying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIB			
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20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o.m. 19 While of work all work of work of work all work of work of work all work of wor	tying couse lost.	Celerio	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work 19	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
21. I certify that I attended the deceased from		D. (Enter nature of injury in Part I or Port II of item 18.)	
alive on Mary 2. 1917, and that death accurred at 2. M, fram the causes and an the date stated above ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. Rock Hall, Md. May 4, 1958 PHYSICIAN'S NOrbert C. Nitsch M. D. Rock Hall, Md. PHYSICIAN'S NOrbert C. Nitsch M. D. Rock Hall, Md. 220. BURIAL CREMATION, 22b. DATE THEREOF Woodlawn Cem. PHYSICIAN'S NORBERT (Street, city or town, stote) May 4, 1958 22c. Name Of CEMETERY OR CREMATORY BENETICIPAL THEREOF WOOdlawn Cem. 23d. LOCATION (City, town, or county) Baltimore - Md. 24o. RECIPBY REGISTER 24b REGI	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for Month of the p.m. 19 While of work at work at work and the p.m.	ctory, street, office bldg., etc.)	
PHYSICIAN'S Norbert C. Nitsch M. D. Rock Hall, Md. 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BEN Ta(Secify) May 6, 1958 Woodlawn Cem. 23. FUNERAL DIRECTOR'S SIGNATURE. Chestertown. Md. 240. RECIDEN REGISTRAR SIGNATURE	alive on May 2 - 1958, and that death	accurred at 9 - M, fram the causes and an the ADDRESS (Street, city or town, stote)	e date stated above. DATE SIGNED
NAME (Type) 220. NAME OF CEMETERY OR CREMATORY 221. LOCATION (City. town. or county) (Stote)		M.U	4, 1958
BENT'A(Secify) May 6, 1958 Woodlawn Cem. Baltimore - Md. 23. FUNERAL DIRECTOR'S SIGNATURE Chestertown. Md. 240. RECTORY REGISTRAR SIGNATURE	NAME (Type)	Titour marty mare	
Chestertown, Md.	TOCHANIAL (Shecify)		(Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE Chestertown	Mo. My Siro 7	MATURE

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MARYLAND STATE

PLACE OF DEATH

b. CITY OR TOWN (If o

Kent	MARYLAND	2. USUAL RESIDENCE (W		d lived. If institution b. COUNTY		nce before	re odmiss	ion)
utside corporate limits, write c. LENGTH est town)	OF STAY IN 16	c. CITY OR TOWN (IF		rate limits, write R	URAL ond	give nec	arest fown)
(If not in hospital, give street address) By S Neck)		d. STREET ADDRESS (Riley's N						IDENCE FARM?
Elizabeth	Middle J	ackson	4. DATE OF DEATH	May 11,	19	58	,	Year 19
color or RACE 7: MARRIED NEV		Peb. 26,188	9	9. AGE (In years last birthday) 69 yrs.	IF UNDE Months	Doys	Haurs	R 24 HR9. Min.
(Give kind of work done life, even if retired)	USINESS OR INDUST		or foreign o			TIZEN O	F WHAT	COUNTR
n Hines		14. MOTHER'S MAIDEN I	lliot	t				
U. S. ARMED FORCES? 16. SOCIAL SEC		formant seph Jacks	7.4	illingt	ön,	Md.		

RURAL and give near Millington d. NAME OF HOSPITAL 00 NAME OF DECEASED (Type or print) 5. SEX female 100. USUAL OCCUPATION during most of working House 13. FATHER'S NAME Jo. IS. WAS DECEASED EVER II no 18. CAUSE OF DEATH PART I. DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gave rise to immediate DUE TO cause (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (State) (County) Haur a. m. factory, street, affice bldg., etc.) While Not while p. m. 21. I certify that I attended the deceased from 1955, that I last sow the deceased and that death occurred of 330 M, from the causes and on the date stated above. ADDRESS (Street, city-or town, state) DATE SIGNED PHYSICIAN'S NAME (Type) Richard W. Comegys. M. D. 22a. BURIAL, CREMATION, 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Golts - Kent Co. Maryland Golts Cem. ADDRESS Chestertown, Md. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE

VS A15 (4) 15M 9/SS

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5824 CERTIFICATE OF DEATH

Reg. Dist. No.05812

1. PLACE a. COU	OF DEATH INTY Ker	ıt		MAR	YLAND	2. USUAL a. STA	E	(Where decedyland		institutio OUNTY	n: Resider		re admiss	sion)
b. CITY	AL and give ne	outside carporate timi arest town) LTLEE	ts, write	c. LENGTH OF STAY 3 Day		c. CIT		Il Pon		, write R	URAL and	give nec	arest town	n)
d. NAA OR I	$INSTITUTION_{-}$	AL (If not in hospital, g		address)		d. STR	EET ADDRE	SS						SIDENCE A FARM? NO [
3. NAME DECEA: (Type o	SED	Lyd		Middle Sybella		Jones	Lost	4. DATI OF DEA		Mon May		Da 24	,	Year 19 58
5. sex Fem	ale	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRI		B. DATE OF	BIRTH 20.	1872	9. AGE (I	in years rihdoy) yrs.	IF UNDER	Days	IF UND Hours	ER 24 HRS. Min.
10a. USUA during	g mast of wark House	N (Give kind of working life, even if retired	dane 10b.	Home	OR INDU		Mary.	land	n country)		12. CI	U.S		COUNTRY
	Will	Liam H. R	ambo)				argare	t S.	Cul	p			
15. WAS D	unknown) [(R IN U. S. ARMED FOR		Unknown		iss I	da Ra	ambo	Ches	Add		, N	d.	
CERTIFICATION OB CO. In Consult of Consult o	491 X ACCIDENT WA	nmediate (but TO	Proba	Able cere	ATH BUT	T NOT RELAT	ED TO THE 1	TERMINAL DISE	ASE CONDIT		EN IN PAS	2	day 9. was PERFC YES	AUTOPSY DRMED?
	Haur a. ji. p. m.	Manth, Day, Ye	While	NJURY OCCURRED Not while t of work	20e. Pl fo	ACE OF INJ ictory, street,	JRY (Home, affice bldg	farm, 20f. (C	City or tawn)		(County)		(Stote)
alive ACTU SIGN/	AL ATURE	Heut W.	deceos , 19 Je	_58_, and that	death	. M.D.		30P _{M, fr}	am the co (Street, city o	or town,	nd on t	last so he da	te state	deceased ed abave ATE SIGNED 25/58
22a. BURIA	AL, CREMATION	N, 226. DATE THEREC	58	Cheste:					CATION (City Lester		,,,	id .	(Stat	le)
1	ctor 7	SIGNATURE 1. Kenne	dy	ADDRESS Still P	ond	, Md.		REC'D BY REG		b. REGIS	STRAR'S SI	GNÂTU	RE	

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ARYL	AND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

5225 CERTIFICATE OF DEATH

M

Reg. Dist. No. ()5813

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1.	PLACE OF DEATH OC. COUNTY A EN TO MARY	YLAND 2	USUAL RESIDENCE (V	Where deceased live	b. COUNTY	ence before ac	dmission)
L	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	Y IN 1b	c. CITY OR TOWN (IF	foutside corporate	limits, write RURAL and	give nearest	town)
	d. NAME OF HOSPITAL (If not in hospitat, give street address) OR INSTITUTION	1	d. STREET ADDRESS			0	RESIDENCE
	NAME OF DECEASED (Type or print) SARAH EDNA	7	JONES	4. DATE OF DEATH	MAN	Day 26	Year 1938
5. :	6. COLOR OR RACE 7. MARRIED NEVER MARRI WIDOWED DIVORCE	- 10	PACH 28,	1878	GE (In years of UNDE ast binhday) Months yrs.		NDER 24 HRS.
L	. USUAL OCCUPATION (Give kind of work done dyring most of working life, even if retired) HOUSE WIFE HAME	OR INDUSTRY	Millive To	te or foreign countr	7) 12. C	S,	HAT COUNTRY?
13.	JOHN W. DULING		4. MOTHER'S MAIDEN	NAME /	AITERS	5	
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	O. 17. INFO	ROE B. S	ONES,	SR Address	IlliNE	FTON MI
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) UN FOR CO	mar	y Direce			ONSET A	L BETWEEN
HILLS Y	Conditions, if ony, which gove rise to immediate couse (o), storing the under-	in				1	ques
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE.	EATH BUT NO	T RELATED TO THE TERM	MINAL DISEASE CO	NDITION GIVEN IN PA	PE	AS AUTOPSY REFORMED?
CERTIFI	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		inter noture of injury in	Port I or Port II o	f item 1B.)		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. 11. P. m. 19 While of work	20e. PLACE factory	OF INJURY (Home, far , street, office bldg., et	tc.) !	own)	(County)	(State)
			, 19, to	CM, from th	e couses and on city or town, state)		
	PHYSICIAN'S H. H. HAMILTON	M.D	Mulling	flore	Md	<u> </u>	28/5-8
I	BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMINAL Specify) 3729/38 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	AETERY OR CI	OFM: 24a. REC	22d LOCATION C'D BY REGISTRAR	(City, town, or county)	NT CO.	Stote) MD
	URIAI 2/27/38 //11/1/NG	tox,	24a. REC DATE	C'D BY REGISTRAR	24b. REGISTRAR'S SI	N IGN	ATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5010 CERTIFICATE OF DEATH

Reg. Dist. No. 05814

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1. PLACE OF DEATH o. COUNTY	Kent		MARYLAND	II a CTATE	ENCE (Where dece	eased lived. If institu b. COUNT			ission)
b. CITY OR TOWN (II RURAL ond give no	f outside corporate limi earest town)	its, write	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If outside co	orporote limits, write	RURAL and g	give nearest lo	wn)
Cheste		D.	20 Yrs.	X C	hestert	own R.	D.		
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol. § Clifts	give street o	oddress)	d. STREET A	lifts			ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fii No		W. Merchar	Lost	4. DA'		onth y 31	Day	Yeor 1958
5. SEX	6. COLOR OR RACE	7. MARRI WIDOWE	DIVORCED	B. DATE OF BIRTH		9. AGE (In year lost by the day	Months	Days Hour	DER 24 HRS.
10a. USUAL OCCUPATION during most of work reyired	ON (Give kind of work king life, even if retired Harmer		KIND OF BUSINESS OR IND agricult re		ACE (Stote or foreign			S.A.	AT COUNTRY
13. FATHER'S NAME					MAIDEN NAME				
Richa	rd Merch	ant		Mar	tha Van	sant			
15. WAS DECEASED EVER			SOCIAL SECURITY NO. 17.	INFORMANT		Ac	idress		
Yes, no. or unknown	(If yes, give war or dates of s	ervice)	none V	Velda Ma	y Mercha	ant- Che	stert	own, I	Md.
PART I. DEA			e for (o), (b), ond (c).]					INTERVAL I	N CATH
157x	DUE TO	Lyn	nphosarcoma	of ston	ach		*		
Conditions, if ar		Car	rcinoma of	pancreas				3 y	ears
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lying cause lost.) (c								
PART II. OTH 20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	IER SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBUTING TO DEATH BL	IT NOT RELATED TO	THE TERMINAL DIS	EASE CONDITION G	IVEN IN PART	PERF	S AUTOPSY FORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURE	RED. (Enter nature of	injury in Part I or	Part II of item 18.)			
20c. TIME OF INJURY Hour a. 11. p. m.	Y Month, Day, Yes	While	Not while of work	PLACE OF INJURY (Foctory, street, office	lome, farm, 20f. (bldg., etc.)	City or town)	(C	ounly)	(State)
21. I certify the	at I attended the	decease	ed from Januar	v . 1957	to May	31 1058	3 that I le	act caw the	decease
alive on			B, and that deat						
6	11 -		,		ADDRESS	S (Street, city or town		uoie siu	DATE SIGNE
ACTUAL SIGNATURE	HUXIV	Jour		M.D. Chest	ertown,	Md.		5/	31/58
PHYSICIAN'S R	Robert W.	Fari	r. M. D.						
220. BURIAL, CREMATION	June 2		Wesley Ch		netery	ROCK H	or county)	Md. (Ste	ote)
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	36.2	24a. REC'D BY REC	GISTRAR 24b. REC	SISTRAR'S SIG	NATURE	
Marvin	v. Willia	ms	Chestertown	, Md.	DATE THIN 3	'58 C	1	~ 1	

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MARYLAND STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1
5826 CERTIFICATE	OF DEATH

05815

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	nt	MARYLAND	2. USUAL RESIDENCE (W	there deceased lived. If institution b. COUNTY	on: Residence befor	re admission)
b. CITY OR TOWN (If our RURAL ond give neare Worton (R		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF Butlertown	outside corporote limits, write R - Worton,		rest town)
OR INSTITUTION	(If not in hospitol, give street tlertown)	oddress)	d. STREET ADDRESS RFD Worton	, Md.	1	e. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print)	First Emma	Middle Wi.	lson	4. DATE Mon OF DEATH May 29		Yeor
	color or RACE 7. MARR	DIVORCED DIVORCED	B. DATE OF BIRTH Sept. 5, 189	9. AGE (In years lost birthdoy) 65 yrs.	Months Doys	Hours Min.
10a. USUAL OCCUPATION during most of working house	life, even if refired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole Marylan		12. CITIZEN OF	F WHAT COUNTRY?
13. FATHER'S NAME	utler		14. MOTHER'S MAIDEN Mary R.	Miller		
15. WAS DECEASED EVER IN	U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	Lva Wilson	121 Edward	St. Penna.	
PART I. DEATH	ediote (D)	terioseles	la acci	lant	INTE	RVAL BETWEEN ET AND DEATH Y LOSINA
PART II. OTHER 20g. ACCIDENT WAS U OR CONTRIBUTING U (IF EITHER, NOTIFY ME	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT		MINAL DISEASE CONDITION GIV	EN IN PART 1(o)	P. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 20d. IN While of work	Not while fo	ACE OF INJURY (Home, for ctory, street, office bldg., etc	m, 20f. (City or town)	(County)	(Stote)
actual SIGNATURE	rence D./J	/	and the	DM, from the causes a ADDRESS (Street, city or town)	nd on the dat	w the deceased te stated above DATE SIGNED
220. BURIAL, CREMATION, BUILD (pecify)	226. DATE THEREOF	20c. NAME OF CEMETERY OF Butlertown	r crematory nea	22d. LOCATION (City, town, or Worton, M.C.	county)	(Stote)
23. FUNERAL DIRECTOR'S SI	Walley.	Chestertown	n, Md. DATE JL		STRAR'S SIGNATUR	E

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THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	
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